

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SIERRA CLUB INDEPENDENT ACTION

ADDRESS (number and street) ▼

2101 Webster Street, Suite 1300

☐ Check if different than previously reported. (ACC)

Oakland

CA

94612

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00483693

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Nemerov

Signature of Treasurer

Mary Nemerov

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
08 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SIERRA CLUB INDEPENDENT ACTION

Report Covering the Period: From: MM / DD / YYYY 05 / 01 / 2016 To: MM / DD / YYYY 05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">YYYY</span> 2016		<span style="border: 1px solid black; padding: 2px;">136256.58</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">165953.06</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">5000.00</span>	<span style="border: 1px solid black; padding: 2px;">115000.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">170953.06</span>	<span style="border: 1px solid black; padding: 2px;">251256.58</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">500.00</span>	<span style="border: 1px solid black; padding: 2px;">80803.52</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">170453.06</span>	<span style="border: 1px solid black; padding: 2px;">170453.06</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SIERRA CLUB INDEPENDENT ACTION**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	115000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	5000.00	115000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5000.00	115000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5000.00	115000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5000.00	115000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	-2578.48	7135.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-2578.48	7135.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	20000.00
24. Independent Expenditures (use Schedule E) .....	3078.48	53667.78
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	500.00	80803.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500.00	80803.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5000.00	115000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	115000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	-2578.48	7135.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-2578.48	7135.74

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

This June 20 Monthly report is being amended to updated an item on line 21(b) -- 'Payment allocated & reported on line 24' -- to correctly include the \$12.69 expense that was covered by the advance to Sierra Club.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SIERRA CLUB INDEPENDENT ACTION**

Full Name (Last, First, Middle Initial)

**A. Robert Burnett**

Mailing Address 828 Arlington Ave

City

Berkeley

State

CA

Zip Code

94707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SA11AI.4283**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Updated Contributor Information

Full Name (Last, First, Middle Initial)

**B. Robert Burnett**

Mailing Address 828 Arlington Ave

City

Berkeley

State

CA

Zip Code

94707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SA11AI.4284**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Updated Contributor Information

Full Name (Last, First, Middle Initial)

**C. Douglas Legum**

Mailing Address 8207 Maple Ridge Rd

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information requested

Occupation

Information requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA11AI.9163**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 15

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SIERRA CLUB INDEPENDENT ACTION**

Full Name (Last, First, Middle Initial)

**A. Melissa Lee**

Mailing Address 2101 Webster St, Suite 1300

City State Zip Code  
Oakland CA 94612
Purpose of Disbursement  
Salaries & Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 31 2016
**Transaction ID : SB21B.4294**

Amount of Each Disbursement this Period

280.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Karissa Sellman**

Mailing Address 2101 Webster St, Suite 1300

City State Zip Code  
Oakland CA 94612
Purpose of Disbursement  
Salaries & Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 31 2016
**Transaction ID : SB21B.4299**

Amount of Each Disbursement this Period

14.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sierra Club**

Mailing Address 2101 Webster St, Suite 1300

City State Zip Code  
Oakland CA 94612
Purpose of Disbursement  
Payment allocated & reported on line 21

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 31 2016
**Transaction ID : SB21B.4318**

Amount of Each Disbursement this Period

-349.81

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-54.81

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SIERRA CLUB INDEPENDENT ACTION**

Full Name (Last, First, Middle Initial)

**A. Sierra Club**

Mailing Address 2101 Webster St, Suite 1300

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Payment allocated & reported on line 24

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 31 2016
**Transaction ID : SB21B.4319**

Amount of Each Disbursement this Period

-2578.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kaitlyn Silveira**

Mailing Address 2101 Webster St, Suite 1300

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Salaries & Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 15 2016
**Transaction ID : SB21B.4300**

Amount of Each Disbursement this Period

20.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dave Thack**

Mailing Address 50 F St, NW, 8th Floor

City State Zip Code  
Washington DC 20001

Purpose of Disbursement  
Salaries & Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 31 2016
**Transaction ID : SB21B.4296**

Amount of Each Disbursement this Period

34.73

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-2523.67

-2578.48

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.4319

This item is being updated to include the \$12.69 expense on line 24 that was paid out of the advance but not originally drawn down in our original June 20 Monthly filing. Since we already reported the item correctly, this is just a reconciliation item.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 11 OF 15  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SIERRA CLUB INDEPENDENT ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00483693
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Adam Beitman</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 50 F St, NW, 8th Floor			Amount 1001.01
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4308
Purpose of Expenditure Salaries & Benefits	Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		2426.40	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jim Bradbury</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 2101 Webster St, Suite 1300			Amount 430.54
City Oakland	State CA	Zip Code 94612	Transaction ID : SE.4305
Purpose of Expenditure Salaries & Benefits	Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		1425.39	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1431.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Nemerov

[Electronically Filed]

Date

MM / DD / YYYY  
08 / 19 / 2016

Signature

Full Name of Payee <b>Brian Dockstader</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 50 F St, NW, 8th Floor			Amount 214.80	
City Washington	State DC	Zip Code 20001	Transaction ID : <b>SE.4303</b> Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Salaries & Benefits		Category/ Type 001		
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought 994.85		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	227.49
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 13 OF 15  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SIERRA CLUB INDEPENDENT ACTION</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00483693</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>iStock</b>			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 75 Varick St.1 Hudson Sq., 5th Flr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.69</div>		
City New York		State NY	Zip Code 10013		<b>Transaction ID : SE.9165</b>
Purpose of Expenditure Online Photo Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">011</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 23 / 2016</div>	
Name of Federal Candidate DONALD J. TRUMP			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">280.05</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Trey Pollard</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 50 F St, NW, 8th Floor			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">267.36</div>		
City Washington		State DC	Zip Code 20001		<b>Transaction ID : SE.4310</b>
Purpose of Expenditure Salaries & Benefits		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 15 / 2016</div>	
Name of Federal Candidate DONALD J. TRUMP			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">267.36</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">267.36</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Mary Nemerov			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 19 / 2016</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 14 OF 15  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SIERRA CLUB INDEPENDENT ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00483693
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Trey Pollard</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 50 F St, NW, 8th Floor			Amount 490.16
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4311
Purpose of Expenditure Salaries & Benefits		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		2916.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Holly Shulman</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 50 F St, NW, 8th Floor			Amount 161.92
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4312
Purpose of Expenditure Salaries & Benefits		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2016
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		3078.48	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	652.08
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Nemerov

[Electronically Filed]

Date

MM / DD / YYYY  
08 / 19 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 15 OF 15  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SIERRA CLUB INDEPENDENT ACTION</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00483693	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Javier Sierra</b>			<input type="checkbox"/> Memo Item	
Mailing Address 1600 N. Oak St. #715			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
City Arlington		State VA	Zip Code 22209	Amount <span style="border:1px solid black; padding:2px;">500.00</span>
Purpose of Expenditure Salaries & Benefits		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Transaction ID : <b>SE.9167</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border:1px solid black; padding:2px;">05 / 26 / 2016</span>	
Name of Federal Candidate DONALD J. TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">780.05</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			<input type="checkbox"/> Memo Item	
Mailing Address			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
City		State	Zip Code	Amount <span style="border:1px solid black; padding:2px;"></span>
Purpose of Expenditure		Category/Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;"></span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶ <span style="border:1px solid black; padding:2px;">500.00</span>				
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ <span style="border:1px solid black; padding:2px;"></span>				
<b>(c) TOTAL</b> Independent Expenditures.....▶ <span style="border:1px solid black; padding:2px;">3078.48</span>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Mary Nemerov		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border:1px solid black; padding:2px;">08 / 19 / 2016</span>